

**NORTH CAROLINA COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL
DISABILITIES AND SUBSTANCE ABUSE SERVICES**

**Advisory Committee Minutes
Clarion Hotel
320 Hillsborough Street
Raleigh, NC**

Thursday, January 26, 2012

Attending:

Advisory Committee Members:

Dr. John Haggerty, A. Joseph Kaiser, Nancy E. Moore, Phillip A. Mooring, Beverly M. Morrow,
Dr. Greg Olley, John Owen, Don Trobaugh, Anna R. Cunningham

Other Commission Members In Attendance:

Kevin P. Oliver, David Turpin, Carla Cunningham, Dr. Marian Spencer, Frank Edwards, James
Bowman, Dr. Tyehimba Hunt-Harrison, Jennifer Brobst

Excused Absences:

Dr. Ranota Hall, Elizabeth Ramos

Other Absences:

Norman Carter, Dr. John Carbone, Dr. Diana Antonacci

Division Staff:

Jim Jarrard, Steven E. Hairston, W. Denise Baker, Marta T. Hester, Amanda Reeder, Andrea
Borden

Others:

Louise Fisher

Handouts:

HHS-Subcommittee on LME Governance Membership List

Call to Order and Announcements:

The meeting was called to order by Dr. Greg Olley at approximately 9:35 a.m. Dr. Olley welcomed the members of the Advisory Committee, requested a moment of reflection, and issued the ethics awareness and conflict of interest reminder. Dr. Olley also stressed that Executive Order 34 applies to the Commission meetings only and announced he had been appointed by the Governor's office to replace the outgoing Chairman, John R. Corne, as the Commission Chair. He then requested approval of the minutes.

Upon motion, second, and unanimous vote, the Advisory Committee approved the minutes of the January 27, 2011 Advisory Committee Meeting.

Dr. Olley stated that the meeting would consist of a discussion of the Committee's current priorities and future direction.

Examining Current Issues within the MH/DD/SA Service Delivery System

Jim Jarrard, Deputy Director, NC Division for Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) identified and discussed the following as current issues within mh/dd/sa service delivery system.

MCO Transformation/MCO Governance:

- As the Medicaid 1915(b)(c) waiver is implemented statewide, the Local Management Entities (LMEs) will become Managed Care Organizations (MCOs), and will be referred to as LME-MCOs. This is to emphasize the fact that they will maintain the LME functions even in the waiver environment. In fact, both DMH/DD/SAS and the Division of Medical Assistance (DMA) have incorporated clauses in their respective contracts with the LME-MCOs which indicate that an LME-MCO which fails to fulfill the statutory obligations of an LME will forfeit its privilege to serve as an LME-MCO.
- The Joint Legislative Oversight Committee on Health and Human Services has a Subcommittee on LME Governance. This Subcommittee will focus on the structure of LME boards and other governance issues anticipated as LMEs become MCOs. The Subcommittee met Tuesday, January 25, 2012. Mr. Jarrard provided a list of the Subcommittee's members and encouraged members of the Advisory Committee to attend when possible.

Guardianship:

- Pursuant to NC General Statute, the LMEs had been able to provide guardianship services. However, the Center for Medicare and Medicaid Services (CMS) has indicated that the LME-MCOs will not be able to provide these services. Given that, several divisions within the Department of Health and Human Services (DHHS), to include the Divisions of Social Services, Aging and Adult Services, and MH/DD/SAS, have been meeting to discuss options to address this issue. Mr. Jarrard added that the Attorney General's office has indicated that MCOs may be able to contract with other agencies to provide guardianship services.
- Options being considered include having an individual within the Department provide oversight of the guardianship services or establishing guardianship services as a separate enterprise. No final decision has been made on this issue.

Affordable Care Act:

- Allen Feezor is leading a DHHS group the goal of which is to keep the DHHS informed about issues surrounding the Affordable Care Act. Staff within the DMH/DD/SAS is tracking health care reform issues as well.
- Mr. Jarrard noted that some within the state question whether the Act will reach fruition. However, he encouraged the Committee to become more informed about the Act and to contact DMH/DD/SAS staff involved in tracking the legislation should they have questions.

Access to Services – The Latino Population:

- Mr. Jarrard stated that the total population of North Carolina is 9.5 million; the Latino population comprises 8.4 percent of that. Despite this, the Latino population is significantly underrepresented as it relates to utilization of the mh/dd/sa services. This has raised concerns and a desire to identify the factors which may account for this underutilization.
- Information gathered from the substance abuse service arena indicates that the admission rate for the Hispanic population to hospitals and centers for opioid use is 32% percent; there is a

gross under use of substance abuse treatment. DMH/DD/SAS's Project for Assistance and Transition of Homelessness (PATH) program provided services to 128 individuals who self-identified as Hispanic or Latino in 2010.

Status of Advisory Committee's Subcommittees

CABHA (Community Support):

- W. Denise Baker, Team Leader, Division Affairs Team, DMH/DD/SAS gave the update for the Critical Access Behavioral Healthcare Agencies (CABHA) Subcommittee. Ms. Baker stated that Dr. Thomas G. Gettelman served as chair of the CABHA Subcommittee and she was now presenting consolidated notes and recommendations that were provided to members prior to his departure from the Commission.
- Ms. Baker stated that primary areas of focus for the subcommittee were to examine how the CABHAs actually utilize specific key roles within their organizations, with the goal of providing information as to the medical and professional oversight of care provided to consumers in their relevant catchment areas. This medical and professional oversight was viewed by the state as a key motivating factor in moving forward with the CABHA model of service delivery. Furthermore, the subcommittee was to develop a list of data indicators on services offered to consumers in each catchment area, as well as on specific types of services received from the CABHA itself. Ms. Baker added that, thirdly, the subcommittee was to collect specific concrete measurable qualities of care indicators and recommend such indicators to the state. Fourthly, the subcommittee was to collect information pertinent to the determination of whether the implementation of CABHA has resulted in any service gaps or any individuals falling through the cracks because the services are no longer available. Finally, the subcommittee planned to request information on the percentages of clients served by the CABHAs who serve children or adolescents that continue receiving basic and/or enhanced service benefits after they turn 18 years of age.
- Beverly M. Morrow, subcommittee member, stated that the workgroup did not go anywhere regarding the issue on CABHAs and gaps in services. Ms. Morrow added that the subcommittee decided to move forward as there is a need to be proactive to ensure consumers are the number one priority.

Workforce Development Initiative:

- Phillip Mooring, Chair, Subcommittee on Workforce Development Initiative, presented the update on this workgroup. Mr. Mooring stated that Dr. Marvin Swartz, member of the NC Institute of Medicine, Health Professional Workforce Workgroup and Head of Duke University's Department of Psychiatry and Behavioral Sciences, and Bob Hedrick, Director of the NC Provider's Council, addressed the subcommittee at its last meeting. Previously, the subcommittee heard presentations from Janice Peterson, Prevention and Early Intervention Team Leader, Community Policy Management Section, DMH/DD/SAS, Holly Riddle, Executive Director of the NC Council on Developmental Disabilities and Larry Swabe, Assistant Director for Program Management, from the same agency. Steven E. Hairston, Chief, Operations Support Section, DMH/DD/SAS, provided a status report on all of the recommendations generated in the Workforce Development Initiative Report. At that time, the subcommittee decided to focus its attention on Recommendation 2 of the report:

Create a consistent means to identify data and other information about the status of the North Carolina public mental health, developmental disabilities and substance abuse services workforce as a quality improvement function and report annually to policy makers.

- Mr. Mooring stated that the subcommittee was advised that the NC Center for Public Policy Research was exploring the feasibility of undertaking research to meet this need but had delayed any action pending implementation of CABHA. The subcommittee also reviewed, for further discussion at upcoming meetings, publications on health care reform legislation and several reports published by the NC Institute of Medicine (NC IOM), with plans to continue to follow the work of the NC IOM's Health Reform Health Professional Workforce Workgroup.
- Mr. Hairston added they had been working with the NC Center for Public Policy for the last three to five months to identify the data elements that it would take to get a handle on the workforce of North Carolina. Mr. Hairston stated that in 2008, there was a workforce development report which identified a shortcoming regarding the ability, in the private and public sectors of mh/dd/sa, to identify who the workforce is and where they are employed in NC. Mr. Hairston stated that this contributed to the recommendation of Mr. Mooring's group.
- Dr. Olley asked whether pursuit of these priorities by the subcommittee would be complimentary to the Division's efforts or redundant. Mr. Hairston responded that they would be complimentary. Dr. Olley reinforced that Mr. Hairston's staff would be providing data as it became available and the Advisory Committee would be monitoring and making recommendations

Traumatic Brain Injury (TBI):

- John Owen, Subcommittee Co-Chair, gave the update on Traumatic Brain Injury (TBI). Mr. Owen stated that North Carolina is a state with one of the highest number of military with TBI.
- Mr. Owen added that, after the workgroup started, they found that the NC IOM is working on the same issues and making recommendations; as such, this posed the question as to whether the group should proceed. Mr. Owen stated that the NC IOM report *Honoring Their Services: A Report of the North Carolina Institute of Medicine Task Force on Behavioral Health Services for the Military and Their Families* was issued March 18, 2011. This report was sent to the subcommittee members on the same day for their review. The subcommittee has not met to discuss the report.
- Dr. Olley mentioned that some time ago John Harris from the DMH/DD/SAS presented on the agency's activities regarding veterans and mental health issues. Dr. Olley added that this is also an issue for Senator Burr and noted that Mr. Hairston reminded Dr. Olley that Mr. Harris is working closely with both Senators Burr and Hagen.
- Dr. Olley responded that one of the issues Mr. Owen mentioned and that he was not sure has been resolved is the issue of assuring that members of the National Guard receive the same health benefits as the veterans. Mr. Owen responded that he felt this was a big issue and could serve as a new priority.

Public Comment

There were no public comments.

Jennifer Brobst, Commission Member, stated there may be some rulemaking authority surrounding the TBI issues. Ms. Brobst also welcomed any guidance the Advisory Committee

would like to give to the Rules Committee; she mentioned that the Rules Committee could look at restraint rules along with TBI.

Dr. Marian Spencer, Commission Member, stated that she noticed in the minutes for the Rules Committee meeting there was a list disseminated of other DHHS boards and councils and she would like to see a sweep of some of those.

Dr. Olley added that having the list was valuable and that the Division staff could assist the Committee if they set priorities; for example, Division staff could help identify other groups or agencies working on the same issues. He also stated that he is trying to determine how the Advisory Committee could use its time and how it can best present its ideas, recommendations and work upon completion thereof.

Dr. Olley mentioned that the Commission is lacking a Vice Chair and he will ask someone to nominate Jennifer Brobst to serve in that role at the next Commission meeting. He also asked any other candidates interested in serving in that capacity to come forward.

Dr. Olley stated that the individual who has served on the Commission as a developmental disability consumer had not attended the required meetings per statute and asked if there were any suggestions from the Committee of someone else to serve in that capacity.

There being no further business, the meeting adjourned at 12:10 pm.